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United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

Note by the Secretary-General

The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, submitted pursuant to Council resolution 2015/8.

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Report of the Director General of the World Health Organization on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was established by the Secretary-General in 2013 by expanding the mandate of the Ad Hoc Inter-Agency Task Force on Tobacco Control, pursuant to Economic and Social Council resolution 2013/12. The Task Force was placed under the leadership of the World Health Organization (WHO), and coordinates activities of the relevant funds, programmes and specialized agencies of the United Nations system and other intergovernmental organizations to support the realization of commitments made by Heads of State and Government in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted in 2011 by the General Assembly in its resolution 66/2, and the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, adopted in 2014 by the Assembly in its resolution 68/300, in particular through the implementation of the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020, endorsed by the sixty-sixth World Health Assembly in its resolution WHA66.10. Following the issuance of the note by the Secretary-General to the Council transmitting the report of the Director General of WHO on the Task Force (E/2014/55), the Council, in its resolution 2014/10, endorsed the terms of reference for the Task Force,[1] including a division of tasks and responsibilities of its members, in June 2014. Pursuant to Council resolution 2015/8, the present report discusses the progress achieved by the Task Force since the submission of the previous report (E/2015/53).

II. Historic crossroads

2. The United Nations summit for the adoption of the post-2015 development agenda, held in New York from 25 to 27 September 2015, marked a historic crossroads, as the General Assembly, in its resolution 70/1 entitled "Transforming our world: the 2030 Agenda for Sustainable Development", decided to include as part of the new global Sustainable Development Goals commitments to reduce premature mortality from non-communicable diseases and strengthen the implementation of the WHO Framework Convention on Tobacco Control, issues that the Millennium Development Goals did not address.

3. As part of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa, 13-16 July 2015), endorsed by the General Assembly in its resolution 69/313, Heads of State and Government noted the enormous burden that non-communicable diseases place on

[1] See World Health Organization, documents A67/14 Add.3 Rev.1, annex, and WHA67/2014/REC/3, summary record of the 7th meeting of Committee A.

developed and developing countries, and recognized, in particular, that, as part of a comprehensive strategy of prevention and control of non-communicable diseases, price and tax measures on tobacco could be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries. Accordingly, Heads of State and Government committed to supporting research and development of vaccines and medicines, as well as preventive measures and treatments for non-communicable diseases, in particular those that disproportionately impact developing countries. Parties to the Framework Convention committed to strengthening the implementation of the Framework Convention in all countries and to supporting mechanisms to raise awareness and mobilize resources.

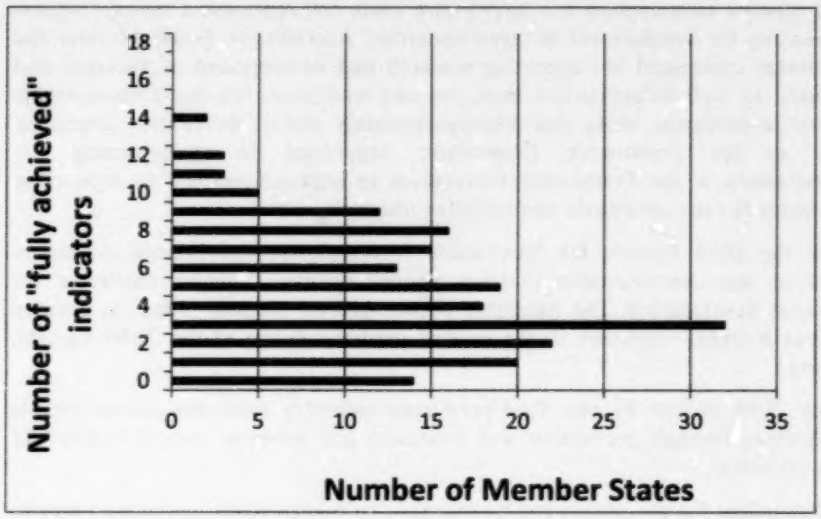
4. In the 2030 Agenda for Sustainable Development, the General Assembly recognized non-communicable diseases as constituting a major challenge for sustainable development. The Assembly encouraged all Member States to develop ambitious national responses to the overall implementation of the 2030 Agenda, including:

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020, halve the number of global deaths and injuries from road traffic accidents
- Achieve universal health coverage
- Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries
- Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines.

5. On the occasion of the United Nations summit for the adoption of the post-2015 development agenda, WHO launched the non-communicable diseases progress monitor 2015 on 25 September 2015 in New York. The monitor tracks the extent to which 194 Member States are implementing the four time-bound commitments for 2015 and 2016 included in the 2014 outcome document, in accordance with a technical note published by the Director General of WHO on 1 May 2015 pursuant to decision EB136(13) of the Executive Board of WHO.

6. Two Member States fully achieved 14 out of a total of 18 measures. However, a significant number of Member States had a very poor achievement of the progress indicators: 14 Member States did not achieve a single progress indicator, 124 Member States only fully achieved between one and six of the indicators, and 54 Member States fully achieved between 7 and 12 indicators (see figure).

Number of Member States that have "fully achieved" zero to 18 progress monitor indicators relating to the four time-bound commitments for 2015 and 2016 included in General Assembly resolution 68/300



III. Work of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

7. Pursuant to Council resolution 2015/8, and in support of General Assembly resolutions 69/313 and 70/1, the work of the Task Force between July 2015 and June 2016 has been directed towards the implementation of the six objectives set out in its terms of reference, and in line with the Political Declaration and the 2014 outcome document.

8. Significant progress was made in delivering the Task Force's workplan for 2014-2015. Progress reports are available on the WHO website (see http://www.who.int/ncds/un-task-force/en/). A workplan covering the period 2016-2017 has been developed by the Task Force in line with the objectives set out in its terms of reference in order to support Member States in achieving the Sustainable Development Goal targets relating to non-communicable diseases.

Objective 1: to enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impacts

Strengthen the capacities of United Nations country teams, including through joint programming

9. The work of the Task Force to promote joint programming among United Nations country teams to support national responses to non-communicable diseases was accelerated by field missions to Barbados (13-17 April 2015), the Democratic Republic of the Congo (13-17 July 2015), Mongolia (7-11 September 2015), Sri Lanka (5-9 October 2015), Mozambique (2-7 November 2015), Paraguay

(22-26 February 2016), Kyrgyzstan (14-18 March 2016) and Oman (10-14 April 2016). The objectives of the missions were to support country teams in their efforts to support countries in their efforts to build and share solutions for the prevention and control of non-communicable diseases, and to establish a United Nations thematic group on non-communicable diseases, or other appropriate arrangements, to serve as platforms for coordinated support to national responses to non-communicable diseases that contribute to attaining target 3.4 of the Sustainable Development Goals. Efforts included integrating work on non-communicable diseases into the common country assessment and United Nations Development Assistance Framework, identifying opportunities for country team cooperation, including joint programming, and monitoring progress on the implementation of the activities of the country teams relevant to addressing non-communicable diseases. Participants included the Asian Development Bank, the Food and Agriculture Organization of the United Nations (FAO), the Economic and Social Commission for Asia and the Pacific, the International Labour Organization (ILO), the International Organization for Migration, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Volunteers programme, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Bank, the World Food Programme (WFP) and WHO.

10. The terms of reference for the joint programming missions were prepared by the WHO country offices and United Nations country teams, in close collaboration with ministries of health and planning. Support was provided by the WHO secretariat of the Task Force. The missions included meetings with the country teams, ministries of health, finance, trade, agriculture, consumer affairs, sport and planning, members of parliaments, civil society and, in some cases, selected private sector entities. The missions included engagement with the media in order to raise the profile of national efforts to address non-communicable diseases.

11. United Nations country teams, with support from regional counterparts and the Task Force, have provided technical assistance to the countries in which joint programming missions were conducted as reported in the previous report, namely, Belarus, Kenya, India and Tonga.

12. The United Nations country teams that have hosted joint programming missions have started to increase their support to Governments in preventing and controlling non-communicable diseases. The missions have also provided the country teams with a better understanding of the current practical knowledge, available evidence and the outcomes of a review of international experience in how to support Governments in using "whole of government" and "whole of society" approaches to addressing non-communicable diseases.[2]

13. In addition, many WHO country offices have worked closely with resident United Nations country teams to scale up national responses to non-communicable

[2] Such outcomes include very cost-effective and affordable ("best buy") interventions; national multisectoral mechanisms (such as a high-level commission, agency or task force for engagement, policy coherence and accountability); a national multisectoral action plan; and a set of national targets based on the nine voluntary global targets for the prevention and control of non-communicable diseases contained in the WHO global action plan.

diseases in order to: (a) increase access to interventions that reduce risk factors for non-communicable diseases and enable health systems to respond; (b) develop national multisectoral policies and plans on non-communicable diseases; and (c) increase the priority given to addressing non-communicable diseases in national health-planning processes and development agendas.

14. Task Force members have contributed to the work of the two WHO global coordination mechanism working groups[3] to recommend ways and means of encouraging Member States to realize the commitments included in paragraphs 44 and 45 (d) of the Political Declaration by providing recommendations to countries (see http://who.int/global-coordination-mechanism/working-groups/en/).

Joint programme to catalyse multisectoral action at the country level

15. The Task Force joint programming country missions have stimulated demand for the development of national non-communicable diseases investment cases. More than 12 countries have requested support. The methodology of the non-communicable diseases investment case was finalized in 2015, and the Task Force and the WHO global coordination mechanism provided technical assistance to develop the investment case for action on non-communicable diseases in Barbados. A new UNDP-WHO global joint programme on catalysing multisectoral action on non-communicable diseases has been developed and will include support for these investment cases. Further details on the joint programme are available on the WHO website.[4]

Joint programmes relating to cancer

16. A five-year joint programme on cervical cancer prevention and control has been developed by the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), UNAIDS, UNFPA, UNICEF, UN-Women and WHO to provide technical assistance to countries in order to develop functioning and sustainable high-quality national comprehensive cervical cancer control programmes. The joint programme will support eight countries in its first two years and will be rolled out in other countries over the subsequent three years.

17. IAEA, IARC and WHO have been working to develop a joint project on cancer control in seven Member States. The current status of cancer control and proposed project activities by the three organizations in these countries are being mapped.

Enable health systems to respond to cancer

18. IAEA continues to support Member States in mobilizing resources in their response to cancer by advising them on the development of plans and project proposals. A standard template has been developed, which Albania, Benin, Lesotho, Namibia and the United Republic of Tanzania have used to seek funding for

[3] See World Health Organization, document A67/14 Add.1, annex, appendix 1, paragraphs 9-11.

[4] United Nations Development Programme, World Health Organization, "Catalysing multisectoral action for NCDs: a proposal for a WHO-UNDP global joint programme to support country action to develop ambitious national multi-stakeholder responses to the NCD-related targets in the SDGs". Available from http://www.who.int/nmh/events/2015/ncd-multisector.pdf?ua=1.

comprehensive cancer control programmes. In November 2015, IAEA organized a workshop on resource mobilization at the African Organization for Research and Training in Cancer in Marrakesh, Morocco. Fifteen countries participated. In 2015, IAEA led inter-agency comprehensive cancer control capacity and needs assessment missions with follow-up to eight countries, alongside WHO and IARC. IAEA and WHO continue to assist Member States through model demonstration sites for the IAEA Programme of Action for Cancer Therapy, for example, for breast and cervical cancer early detection in Viet Nam and strengthening diagnostic services in Nicaragua.

19. The joint IAEA-WHO network of Secondary Standards Dosimetry Laboratories continues to support standardization in dosimetry in 62 countries. The joint IAEA-WHO dose quality audits continue to check the dosimetry of around 700 radiotherapy beams every year. These services contribute to the improvement of the quality of radiotherapy treatments in many countries.

20. IAEA, WHO, IARC and the African Cancer Registry Network joined forces to hold a regional workshop to strengthen national capacity in cancer registries in Brazzaville in 2016, in which 35 experts from francophone countries in Africa participated.

Radiopharmacology

21. IAEA has undertaken capacity-building and technology transfer through scientific networking and the promotion of best practices, especially to low-income countries, in order to enhance national laboratory capabilities in the research and development of radiopharmacy.

Thematic working group to support the WHO global strategy to reduce the harmful use of alcohol

22. The thematic working group was established in 2015 to foster inter-agency collaboration and cooperation in support of the WHO global strategy to reduce the harmful use of alcohol. Current members are FAO, IARC, the Organization for Economic Cooperation and Development, UNAIDS, UNDP, UNESCO, UNICEF, the United Nations Office on Drugs and Crime, UN-Women, the World Bank, WHO and the World Trade Organization. The thematic working group has mapped alcohol-related activities across the Task Force members of the United Nations system. Three priority countries have been identified for alcohol-focused activities by the Task Force and the thematic working group: Belarus, Kenya and the Republic of Moldova.

23. Meetings on integrating responses to gender-based violence, HIV and the harmful use of alcohol have been organized by WHO and UNDP in Namibia (2015) and Botswana (2016) for countries in Africa, with the participation of Governments, civil society and organizations of the United Nations system.

New thematic working groups

24. Two new thematic working groups were established at the sixth Task Force Meeting, in February 2016, one on surveillance and one on road safety. The latter will enhance country-level action in line with the United Nations Road Safety Collaboration.

Physical education and non-communicable diseases

25. Four pilot countries (Fiji, Mexico, South Africa and Zambia) have been selected to launch their national physical education policy revision in line with the quality physical education guidelines for policymakers developed by UNESCO, in partnership with the European Commission, the UNESCO International Bureau of Education, the International Council of Sport Science and Physical Education, the International Olympic Committee , UNDP, UNICEF and WHO.

26. In November 2015, the International Charter of Physical Education, Physical Activity and Sport was adopted by the UNESCO General Conference at its thirty-eighth session. The International Charter integrates the significant evolutions in the field of sport since the original International Charter of Physical Education and Sport of 1978, and introduces universal principles, such as ethics, gender equality, non-discrimination and social inclusion, in and through sport. It also highlights the benefits of physical activity.

End childhood obesity

27. Organizations of the United Nations system have contributed to the work of the WHO Commission on Ending Childhood Obesity. A final report was presented to the Director General of WHO in 2016, culminating a two-year process to address the alarming levels of childhood obesity and overweight globally. In the report, a range of recommendations for Governments was proposed, aimed at reversing the rising trend of children under 5 years of age becoming overweight and obese.

Address multisectoral policies to improve nutrition

28. UNICEF is in the process of developing policy and programming guidance on how to incorporate childhood overweight and obesity reduction into its programmes. This will be encompassed in a white paper to serve as a basis to inform UNICEF staff on effective approaches to tackle the rising rates of obesity, with special attention given to the possibility of preventing obesity in early childhood. A workshop held in February 2016 in New York included: (a) an analysis of the current situation of child overweight; (b) effective strategies for the prevention and management of child overweight; and (c) current programming activities.

29. The 2015 Global Nutrition Report was published in September 2015, with substantial attention given to healthy diets and food environments. The report concludes that nearly half of all countries face multiple serious burdens of malnutrition, such as poor child growth, micronutrient deficiency and adult overweight and obesity.

30. IAEA continued to support its members in using nuclear techniques to assess obesity in regional projects in Africa and Asia, and in using the doubly labelled water technique to measure total energy expenditure in children in Kuwait. In addition, it supported the use of nuclear techniques to validate other methods of body composition assessment (for example, bioelectrical impedance analysis) to improve understanding of obesity, and questionnaires and movement sensors to improve understanding on physical activity by children.

31. WFP addresses non-communicable diseases through the linkages between nutrition and chronic diseases. An evaluation of the Programme's nutrition policy

was presented to the Executive Board of WFP in 2015. The Programme is strengthening its efforts to support Member States in their efforts to reduce levels of overweight and obesity, particularly among people living with HIV and tuberculosis.

Promote the use of mobile technologies in addressing non-communicable diseases

32. WHO and the International Telecommunication Union, in collaboration with a range of partners, continued to provide technical assistance to countries as part of a set of national programmes under the Be He@lthy, Be Mobile joint programme. Thirty-seven countries have expressed interest in the initiative and eight countries are currently in partnership (Costa Rica, India, Norway, the Philippines, Senegal, Tunisia, the United Kingdom of Great Britain and Northern Ireland and Zambia). Guidance on mobile health programmes for tobacco cessation, diabetes, cervical cancer, wellness and hypertension has been developed to support countries in developing mobile health services.

33. IAEA, in collaboration with the Tata Memorial Centre under the Government of India's Department of Atomic Energy, has developed a cancer staging smartphone application for medical professionals that supports decision-making on cancer treatment.

Address the linkages between non-communicable diseases and the workplace

34. The links between non-communicable diseases and occupational and work-related diseases have been taken forward by WHO and ILO through meetings in Colombia (August 2015) and the Russian Federation (September 2015) and through the global network of WHO collaborating centres in occupational health in the Republic of Korea (May 2015), in which a workplan for tackling occupational non-communicable diseases was developed.

35. The report of the working group of the WHO global coordination mechanism to recommend ways and means of encouraging Member States to realize the commitment included in paragraph 44 of the 2011 Political Declaration includes specific recommendations on how Governments can call upon the private sector to promote and create an enabling environment for healthy behaviours among workers.[5]

36. A range of capacity-building initiatives have been undertaken, including: (a) training on occupational diseases and the prevention and control of workplace hazards in China, Colombia, Italy, Peru and the Russian Federation; (b) support for the organization of advanced training for physicians on the use of the ILO International Classification of Radiographs of Pneumoconioses in Indonesia, the Philippines, Viet Nam and other countries of the Association of Southeast Asian Nations; (c) prevention of silicosis as part of the national plan of Chile on the elimination of silicosis; (d) development of guidance notes on diagnostic and exposure criteria for occupational diseases; (e) translation of the HealthWISE package into Chinese, French, Portuguese and Spanish, with a train-the-trainers workshop held in Zhengzhou, China, in November 2015; and (f) a number of initiatives to promote the ILO SOLVE initiative (integrating health promotion into

[5] See http://www.who.int/global-coordination-mechanism/working-groups/wg-3-1-private-sector/en/.

the workplace). As of December 2015, 121 Member States and 1 Territory have been included in the global database on occupational safety and health legislation.

Promote healthy lifestyles for children and families

37. In response to Commission on Narcotic Drugs resolution 58/2 on supporting the availability, accessibility and diversity of scientific evidence-based treatment and care for children and young people with substance use disorders, the United Nations Office on Drugs and Crime is implementing programmes to build national capacity within national justice systems to meet the health needs of children and to raise awareness on victim services, including the health needs of children and youth as victims of human trafficking.

Objective 2: to facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases

Facilitate information exchange at the global level

38. The 5th meeting of the Task Force (Geneva, 26 and 27 October 2015) was hosted by WHO and co-chaired by the World Bank and WHO. The meeting was attended by 24 members. The Task Force reviewed progress made in implementing the workplan for 2014-2015, agreed on the list of countries for the joint programming missions and plans for joint programmes, and discussed ways to mobilize resources for its work.[6]

39. The 6th meeting of the Task Force (New York, 10-12 February 2016) was hosted by UNDP. The meeting was co-chaired by WHO and UNDP and was attended by representatives of 22 organizations. Members of the Task Force reviewed progress on joint programmes and resource mobilization, reviewed the progress and impact of joint programming missions and plans for future missions, agreed on the 2014-2015 workplan progress report, and signed off on the 2016-2017 workplan, with a focus on: (a) fast-track action as part of integrated support by WHO to countries, through a series of joint programming missions to support United Nations country teams in scaling up technical assistance on non-communicable diseases; (b) development and roll-out of a series of global joint programmes; and (c) communication with policymakers in developing and developed countries about the work of the Task Force.

40. Members of the Task Force continued their work to integrate work on non-communicable diseases into the policies, strategies and plans of their governing bodies. Approximately half of the 30 Task Force members that responded to a recent survey have included work on non-communicable diseases in their policies and plans and have programmes and projects that include a response to non-communicable diseases.

[6] A summary of the meeting is available from http://www.who.int/nmh/ncd-task-force/en/.

Facilitate information exchange at the regional level

41. The Inter-American Task Force on Non-communicable Diseases was established at the Seventh Summit of the Americas, held in Panama in April 2015. Its aim is to promote and coordinate multisectoral activities with the agencies and associated international institutions within the inter-American system towards the achievement of the regional plan of action for the prevention and control of non-communicable diseases for the period 2013-2019. It was launched in July 2015 by the Pan American Health Organization, serving as its lead, alongside the Organization of American States, the Inter-American Institute for Cooperation on Agriculture, the Inter-American Development Bank, the Economic Commission for Latin America and the Caribbean and the World Bank. A mapping of each organization's current investments in and technical cooperation on addressing non-communicable diseases and their risk factors has been conducted, and a joint workplan is being developed, with a focus on a multisectoral response to tobacco control, obesity prevention in children and adolescents, and cardiovascular disease.

42. The WHO European region's inter-agency thematic group on non-communicable diseases and social, economic and environmental determinants has agreed its terms of reference and aligned the objectives of its workplan with those of the Task Force. UNDP has shared an analysis of its projects in the region from a health equity perspective to identify how they address social, economic and environmental determinants of health.

43. The Pacific regional thematic group on non-communicable diseases, which includes all of the United Nations entities present in the Pacific islands, meets quarterly to coordinate its joint support to national efforts to address non-communicable diseases.

Objective 3: to facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group

Protect activities of the Task Force from undue influence by vested interests and provide updates on work on conflicts of interest, including on preventing tobacco industry interference by developing a common policy framework for Task Force members

44. The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, through its reports to the Council, alerted Member States to the importance of protecting activities of the Task Force from undue influence by vested interests. In particular, the tobacco industry, in its efforts to portray itself as socially responsible, seeks to obscure the impact of tobacco consumption on health and development; this shows the importance of organizations of the United Nations system working as one and ensuring the consistent presence of a firewall between Task Force members' activities and those of the tobacco industry.

45. The terms of reference of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases stipulate that public health policies for the prevention and control of non-communicable diseases must be protected from undue influence by any form of vested interest. There have been

examples, however, of the tobacco industry associating itself with some members of the Task Force, sometimes without the knowledge of the members themselves. At the 5th meeting of the Task Force, the secretariat of the Framework Convention and WHO presented a paper to highlight good practices from agencies including IAEA, UNDP, UNESCO, WHO, the secretariat of the Framework Convention and the World Bank to prevent tobacco industry interference.[7] During both the 5th and 6th meetings of the Task Force, information was shared with members on specific examples of the industry continuing to associate itself with individual organizations of the United Nations system.

46. The Task Force is currently developing a model policy for organizations of the United Nations system on preventing tobacco industry interference, which will contain measures based on article 5.3 of the Framework Convention and the relevant guidelines adopted by the Conference of the Parties to the Framework Convention, with the expectation that it will be adopted by Task Force members by the end of 2016.

47. The Task Force is also aware that the alcohol industry has lobbied at least one Member State ahead of Task Force meetings.

Objective 4: to strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of Heads of State and Government in realizing their commitments through statements, reports and participation in panels by high-level United Nations officials

Non-communicable diseases in the Sustainable Development Goals

48. The Task Force advocated the firm inclusion of non-communicable diseases in the Sustainable Development Goals, including through participation in the thematic meeting on health of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda and through contributions to the United Nations System Task Team on the Post-2015 United Nations Development Agenda. The Task Force has also contributed to the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. With non-communicable diseases now firmly part of the international development agenda, the Task Force is scaling up efforts to ensure that non-communicable diseases are integrated with countries' broader development priorities and reflected in their planning frameworks for the Sustainable Development Goals.

49. UNDP, in an analysis on how tobacco control was discussed in the consultations on the Sustainable Development Goals, found that, of the 71 national consultation reports that were reviewed, the vast majority of which were for parties to the Framework Convention, not a single one mentioned the Framework Convention. This finding is currently being used as part of advocacy of increased attention to tobacco control and non-communicable diseases.

[7] World Health Organization, "UN agencies and tobacco industry interference: examples of good practice from UN agencies". Available from http://apps.who.int/fctc/implementation/database/groups/un-agencies-and-tobacco-industry-interference-examples-good-practices-un-agencies-document.

Objective 5: to incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention on Tobacco Control, and to ensure that tobacco control continues to be duly addressed and prioritized in the new Task Force mandate

50. Members of the Task Force continue to acknowledge the special focus on tobacco control within the mandate of the Task Force and remain committed to ensuring that tobacco control continues to be duly addressed and prioritized.

Statutory meetings

51. Pursuant to decisions made at the sixth session of the Conference of the Parties to the Framework Convention, the mandates of the following groups were extended: (a) the expert group on article 19 of the Framework Convention, on liability; (b) the working group on articles 9 and 10 of the Framework Convention; and (c) the working group on sustainable measures to strengthen implementation of the Framework Convention. In addition, two new expert groups were established: (a) an expert group on impact assessment of the Framework Convention; and (b) an expert group on reporting arrangements under the Framework Convention.

52. Preparations are on track for the seventh session of the Conference of the Parties, to be held in Noida, India, from 7 to 12 November 2016, and the first session of the Meeting of the Parties, to be held from 14 to 16 November if the Protocol to Eliminate Illicit Trade in Tobacco Products enters into force by August 2016.

Protocol to Eliminate Illicit Trade in Tobacco Products

53. As of February 2016, 15 parties to the Framework Convention have ratified, acceded to or accepted the Protocol. More parties are expected to ratify, accept, approve, formally confirm or accede to the Protocol in the coming months. The Protocol will enter into force once it has 40 parties. Six regional and subregional meetings have been held to assist countries with the process of ratification, acceptance, approval, formal confirmation or accession to the Protocol.[8] The World Bank, the World Customs Organization and WHO have participated in some of the meetings. The secretariat of the Framework Convention has established a panel of experts to assist countries in legal and technical matters relating to the implementation of the Protocol and has developed a paper to respond to frequently asked questions.

Tobacco taxes and prices

54. The secretariat of the Framework Convention continued to cover tobacco taxation and pricing in its needs assessment missions and as part of its post-needs-assessment projects for parties. It has also widely disseminated guidelines for the implementation of article 6 of the Framework Convention and has collaborated with WHO, the World Bank and UNDP to develop tools to support Member States in developing price and tax measures to reduce the demand for tobacco.

[8] See http://apps.who.int/iris/bitstream/10665/80873/1/9789241505246_eng.pdf?ua=1.

55. WHO has provided technical assistance to the ministries of finance of 17 countries in the area of tobacco taxation and has continued to support action through a number of economic and regional groups. Three regional meetings on tobacco taxation were organized in Africa in which more than 20 countries participated.

56. New estimates were published in 2016 that illustrated the revenue potential of taxes on tobacco to support the financing of the Sustainable Development Goals, in line with the Addis Ababa Action Agenda. The figures suggest that increasing tax by $1 per pack (adjusted for purchasing power parity) in all countries would generate an additional $141 billion.

Alternative livelihoods to tobacco growing

57. WHO, UNDP and the secretariat of the Framework Convention participated in an expert group consultation on alternative livelihoods for tobacco farmers and workers in New Delhi in June 2015. FAO, ILO and UNDP are working with the secretariat of the Framework Convention to provide support to parties in this area.

Trade and tobacco

58. The United Nations Conference on Trade and Development (UNCTAD) and the secretariat of the Framework Convention have finalized a publication on international investment law and the Framework Convention.

National coordination

59. In February 2016, the secretariat of the Framework Convention and UNDP issued a report on national tobacco control coordinating mechanisms in sub-Saharan Africa.

Needs assessment missions and regional workshop

60. The secretariat of the Framework Convention, in collaboration with UNDP and WHO, are undertaking needs assessment missions with follow-up to the Democratic Republic of the Congo (August 2015), Belarus (September 2015), Mongolia (2015), Ethiopia (October 2015), Benin (November 2015) and Tonga (November 2015). A review of the impact of these assessments is currently under way. Two regional workshops were organized by the secretariat of the Framework Convention and WHO regional offices in Fiji and Egypt.

South-South and triangular cooperation in the implementation of the Framework Convention

61. In September 2015, 22 parties participated in a meeting in Uruguay organized by the secretariat of the Framework Convention and UNDP on South-South and triangular cooperation. Projects on tobacco taxes, national coordination mechanisms, tobacco industry interference, graphic health warnings, litigation, cessation and alternative livelihoods to tobacco growing are being taken forward.

Knowledge hubs

62. Three additional knowledge hubs have been established, on (a) water pipe tobacco use (American University of Beirut); (b) tobacco taxation and illicit trade in

tobacco products (University of Cape Town, South Africa); and (c) smokeless tobacco use (Institute of Cytology and Preventive Oncology, Noida, India).

Tobacco use and exposure in pregnancy

63. A set of tools for midwifery and smoking cessation services has been developed to complement the WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy of 2013. A number of projects are currently being established at the country level with the support of members of the Task Force.

Assess the overall impact of the WHO Framework Convention on Tobacco Control

64. An independent expert group has undertaken 12 country visits to assess the impact that the Framework Convention has had on tobacco control policies and legislation, tobacco use and tobacco-related mortality. The results will be reported to the Conference of the Parties at its seventh session.

Objective 6: to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health-care personnel, development of appropriate health-care infrastructure and diagnostics and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines

Establish a baseline for integrating work on non-communicable diseases into United Nations Development Assistance Frameworks

65. The WHO programme budget for the biennium 2016-2017 includes an output indicator on the number of countries that have integrated work on non-communicable diseases into their United Nations Development Assistance Framework. UNDP and WHO will jointly monitor the number of countries that have integrated work on non-communicable diseases into their Development Assistance Framework in order to enable WHO to track results and report on progress to the World Health Assembly. A review carried out of 54 countries that had introduced a Development Assistance Framework during the biennium 2014-2015 showed that 20 countries (37 per cent) had incorporated work on non-communicable diseases into their Development Assistance Framework. Those 20 countries, along with 15 countries identified in 2014, provide a new baseline to measure future progress; a target of 42 countries has been identified for 31 December 2017. To support countries, the UNDP and WHO guidance note on the integration of non-communicable diseases into the United Nations Development Assistance Framework has been disseminated in English, French and Spanish.

Framework for country action across sectors to improve health and health equity

66. The Task Force is developing a set of sectoral policy briefs to strengthen the responses of non-health sectors (for example, education, trade, finance, planning and development) in the prevention and control of non-communicable diseases. The briefs will present evidence, state the rationale for engagement (and ownership) of non-health sectors and contain priority actions for different sectors in responding to non-communicable diseases and their risk factors. They will make the case for responding to non-communicable diseases as a development challenge, not simply a health issue, and highlight linkages with the Sustainable Development Goals.

Contribution to the work of the WHO global coordination mechanism on the prevention and control of non-communicable diseases

67. Members of the Task Force participated in the WHO global coordination mechanism dialogue on how to strengthen international cooperation on the prevention and control of non-communicable diseases within the framework of North-South, South-South and triangular cooperation.[9] Members have also contributed to the work of the working groups, on how to realize Governments' commitments to engage with the private sector for the prevention and control of non-communicable diseases, and on how to realize Governments' commitments to provide financing for work on non-communicable diseases.

Non-communicable diseases and the law

68. The International Development Law Organization, UNDP and WHO hosted a workshop for organizations of the United Nations system and civil society on law and non-communicable diseases (New York, February 2016). It was agreed that the Task Force would explore how to meet the rapidly increasing requests from Member States for organizations of the United Nations system to provide technical assistance in the area of non-communicable diseases and law and that consideration be given to a community of practice on law and non-communicable diseases to be established under the WHO global coordination mechanism.

Non-communicable diseases and emergencies

69. WHO and the Office of the United Nations High Commissioner for Refugees have led the development and publication of a report that provides an overview of the impact of emergencies on people living with non-communicable diseases and describes the minimum standards and priority actions to be adopted in relation to the treatment of non-communicable diseases in emergencies.

Ninth Global Conference on Health Promotion, with the theme "Health promotion in sustainable development"

70. The Task Force is providing support in the preparations for the Conference, to be held in Shanghai, China, from 21 to 24 November 2016.

[9] See http://www.who.int/global-coordination-mechanism/dialogues/dialogue-international-partnership/en/.

IV. Conclusions

71. The year 2015 marked a historic crossroads at which global leaders decided to include non-communicable diseases in the 2030 Agenda for Sustainable Development. The new agenda recognizes non-communicable diseases as a major challenge for sustainable development and includes a global target to reduce premature mortality from non-communicable diseases by one third by 2030. These decisions came at a critical moment in the history of the non-communicable diseases epidemic and the response thereto. To reduce premature mortality from non-communicable diseases and to leave no one behind in the response will profoundly affect the entire lifespan of millions of people around the world for generations to come. The post-2030 world will be very different from the one we know today, and it is one that we can create.

72. The decision made by global leaders in 2015 to include non-communicable diseases in the Sustainable Development Goals derives from their decision in 2011 to acknowledge that non-communicable diseases constitute one of the major challenges for development in the twenty-first century. During the first high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, in 2011, global leaders also agreed on a road map of national commitments to reduce premature mortality from major non-communicable diseases. The road map was based on the vision rooted in the global strategy for the prevention and control of non-communicable diseases endorsed by the World Health Assembly in 2000. The WHO global action plan for the prevention and control of non-communicable diseases 2013-2020 and regional action plans provide guidance to Governments and international partners on how to implement the commitments included in the road map.

73. The WHO non-communicable diseases progress monitor 2015 demonstrated that if the current unprecedented level of strengthening national responses to non-communicable diseases is maintained only, progress will not be sufficient to fulfil the promise made by Governments in 2014 to implement the four time-bound commitments by the end of 2016, despite some dramatic achievements.

74. In May 2016, the secretariat of WHO will report to the sixty-ninth World Health Assembly that the probability of dying between the ages of 30 and 70 from one of the major non-communicable diseases, the current prevalence of tobacco use among persons 18 years of age and older, the prevalence of raised blood pressure among persons 18 years of age and older and alcohol consumption per capita have started to decline since 2011. Similarly, the number of countries that have operational non-communicable diseases units within their ministries of health has started to increase. Such progress has inspired the members of the Task Force to assert that the global target to reduce premature mortality from non-communicable diseases by one third by 2030 can be attained.

75. The lack of access to technical expertise is the most substantial barrier to scaling up responses to non-communicable diseases. International development cooperation must underwrite the need to explore new catalytic approaches to global cooperation for the prevention and control of non-communicable diseases. If the right decisions and the right investments are made now in the context of the 2030 Agenda for Sustainable Development, to be focused on the unfinished agenda of implementing the four time-bound commitments for non-communicable diseases by

2016, target 3.4 of the Sustainable Development Goals, of reducing premature mortality from non-communicable diseases by one third by 2030, will be firmly on track. The Task Force has a limited window of opportunity, measured as being 24 months or less, in which to scale up before 2018. The Task Force's vantage point is clear and ambitions are high owing to the foundation built in recent years. Action now will bring savings in the future.

76. Target 3.a of the Sustainable Development Goals, to strengthen the implementation of the WHO Framework Convention on Tobacco Control, and the Addis Ababa Action Agenda, which highlights that tobacco taxes can provide an important revenue stream for the achievement of the Goals, are important milestones that will help to facilitate further implementation of the Framework Convention in the coming years. Stronger coordination of work among members of the Task Force in this area will help to improve the achievement of the target.

77. Engagement with the tobacco industry is contrary to the United Nations system's objectives, fundamental principles and values. The United Nations system, including the intergovernmental agencies that are observers of the Conference of the Parties to the Framework Convention and members of the Inter-Agency Task Force, must work as one, ensuring a consistent and effective separation between its activities and those of the tobacco industry to preserve its integrity and reputation and promote development.

V. Recommendations

78. **The Economic and Social Council is invited:**

(a) **To take note of the present report;**

(b) **To request the Secretary-General to report to it in 2017 and 2018 on progress made in implementing Council resolution 2013/12, in preparation for a comprehensive review in 2018 by the General Assembly of the progress achieved in the prevention and control of non-communicable diseases;**

(c) **To call upon the members of the Task Force to continue to work together to provide support to Member States in implementing the commitments included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the 2014 outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, taking into account the WHO global action plan for the prevention and control of non-communicable diseases 2013-2020, including to accelerate the implementation of the WHO Framework Convention on Tobacco Control, and to help parties to the Framework Convention to also become parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, in order to facilitate the entry into force of the Protocol as soon as possible;**

(d) **To call upon the members of the Task Force to leverage the mandate of the WHO global coordination mechanism on the prevention and control of non-communicable diseases to enhance the coordination of activities, multi-stakeholder engagement and action across sectors in order to contribute to the implementation of the WHO global action plan for the prevention and**

control of non-communicable diseases 2013-2020 and to attain the new targets of the Sustainable Development Goals relating to non-communicable diseases;

(e) To call upon the members of the Task Force to provide support to Governments to reflect the new targets of the Sustainable Development Goals relating to non-communicable diseases included in the 2030 Agenda for Sustainable Development in national development plans and policies, including target 3.4, to reduce by one third premature mortality from non-communicable diseases by 2030, and target 3.a, to strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate;

(f) To call upon the members of the Task Force to support Governments in accelerating progress in achieving the targets of the Sustainable Development Goals relating to non-communicable diseases in the 2030 Agenda for Sustainable Development;

(g) To call upon the members of the Task Force to make available their policy expertise on non-communicable diseases to Governments at all stages of implementation;

(h) To call upon the members of the Task Force to create smoke-free campuses and to further develop and adopt their own model policies on preventing tobacco industry interference.

Annex

Updated matrix of planned work for the members of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases for the implementation of the World Health Organization Framework Convention on Tobacco Control[a]

Article/issue	*Agency*	*Planned work for 2016 and 2017*
Article 4.2 (d) (Tobacco and gender)	Secretariat of the Framework Convention UN-Women UNDP WHO	Develop technical tool to address tobacco control and gender
Article 5 (General obligations)	Secretariat of the Framework Convention UNDP WHO	Secretariat of the Framework Convention to undertake needs assessment missions in 8-10 countries and UNDP and WHO to join the missions
		Secretariat of the Framework Convention to organize regional and subregional workshops together with WHO regional offices, with the participation of relevant United Nations organizations
	UNDP Secretariat of the Framework Convention	Develop and publish guidance on national multisectoral coordination mechanisms for implementation of the Framework Convention
		Provide technical support to enable the Framework Convention to be integrated into national development strategies, including national health plans and United Nations Development Assistance Frameworks
		Develop action points for United Nations country teams to support implementation of the Framework Convention
	Secretariat of the Framework Convention All members of the Task Force WHO	Review policies and practices among organizations of the United Nations system on interaction with and potential interference from the tobacco industry
		Adopt and implement a common model policy
		Conduct mapping exercise on non-State actors and potential tobacco industry interference

[a] This matrix is an update to the matrix in the annex to document E/2013/61. A full workplan for the Task Force is available from http://www.who.int/ncds/un-task-force/en/.

Article/issue	*Agency*	*Planned work for 2016 and 2017*
Article 6 (Price and tax measures to reduce the demand for tobacco)	World Bank	Provide technical support in implementing article 6 and its guidelines
	Secretariat of the Framework Convention WHO	Finalize tools to cost the implementation of the Framework Convention and to assess the economic impact of tobacco use
	International Monetary Fund	Engage with countries' ministries of finance and regional economic groups (West African Economic and Monetary Union, Association of Southeast Asian Nations and African Tax Administration Forum) to improve and increase taxes on tobacco products
Article 8 (Protection from exposure to tobacco smoke)	WHO Secretariat of the Framework Convention	Support countries in developing comprehensive national smoke-free legislation and enforcing smoke-free policies
		Work with subnational authorities for smoke-free communities and cities as a means to bring about national smoke-free legislation
		Encourage smoke-free Olympic Games in Tokyo in 2020 and other large events
		Work with countries to have smoke-free movies
	WHO UNICEF UNFPA	Implement WHO recommendations for the prevention and management of tobacco use and second-hand smoke exposure in pregnancy in three countries/cities
	Secretariat of the Framework Convention All relevant members of the Task Force	Work towards smoke-free premises and campuses of organizations of the United Nations system
Articles 9 and 10 (Regulation of the contents of tobacco products and tobacco product disclosures)	Secretariat of the Framework Convention	Organize the tenth meeting of the working group on articles 9 and 10
	WHO	Provide assistance to parties upon request
		Coordinate work and meetings of the WHO Tobacco Laboratory Network (TobLabNet), the WHO Study Group on Tobacco Product Regulation (TobReg) and the global tobacco regulators' forum

Article/issue	*Agency*	*Planned work for 2016 and 2017*
Article 11 (Packaging and labelling of tobacco products)	UNCTAD	Support parties with advice in areas of intellectual property and investment agreements
	WHO Secretariat of the Framework Convention	Promote implementation of plain packaging and large graphic health warnings through global and regional workshops and events, publications and South-South and triangular projects
		Create copyright-free collection of graphic health warnings and pictures for use by parties
Article 12 (Education, communication, training and public awareness)	Secretariat of the Framework Convention	Conduct global annual World No Tobacco Day campaigns
	WHO	Facilitate and support training opportunities, including study tours, on different provisions of the Framework Convention
	WHO	Strengthen countries' efforts to increase awareness on the dangers of tobacco through mobile health technology and social media
Article 15 (Illicit trade in tobacco products)	Secretariat of the Framework Convention WHO	Promote the entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products
	World Customs Organization	Organize regional and subregional workshops and training activities
	World Bank	
Articles 17 and 18 (Provision of support for economically viable alternative activities)	FAO	Update the FAO 2003 global study "Projections of tobacco production, consumption and trade to the year 2010"
	Secretariat of the Framework Convention WHO	Facilitate South-South and triangular cooperation
	ILO	Secretariat of the Framework Convention to develop guidance for parties on how to address the health impact of tobacco farming
	UNCTAD	
	UNDP	Disseminate the joint WHO-UNCTAD report on tobacco, agriculture and trade
		Conduct studies on tobacco agro-economics in Bangladesh, India and Indonesia
Article 20 (Research, surveillance and exchange of information)	WHO	Monitor tobacco epidemic and the implementation of best-buy/good-buy policies globally to reduce tobacco use; the WHO report on the global tobacco epidemic, 2017, will focus on monitoring

Article/issue	*Agency*	*Planned work for 2016 and 2017*
Article 22: international cooperation, including South-South and triangular cooperation	Secretariat of the Framework Convention UNDP All members of the Task Force	Prepare a series of fact sheets, one for each organization of the United Nations system, that describe their ongoing and potential collaboration with the secretariat of the Framework Convention for supporting the implementation of the Framework Convention Conduct a second South-South and triangular cooperation meeting and implement identified pilot projects
Development	UNDP Secretariat of the Framework Convention WHO	Initiate a tobacco and sustainable development challenge study Implement an advocacy plan to prioritize the Framework Convention and tobacco taxation in the implementation of the Sustainable Development Goals
Trade (and investment)	UNCTAD Secretariat of the Framework Convention WHO	Disseminate papers on international investment agreements and tobacco control policies Support parties in litigation cases Standardize capacity-building training packages (including training of trainers) on trade and tobacco